



## 2015 Summer Cheerleading Sports Camp

*Sponsored by the Parks & Recreation Services Department*

**June 15-18**

**June 22-25\***

**July 6-9**

**July 13-16**

Designed for children ages \*\*5-15, instruction will include cheers, chants, pom-pom routines, motions, crowd participation techniques and more!

Four 4-day sessions are offered Monday through Thursday. All sessions are held at the Alee Temple Arena from 9:00-12:00 noon. Cost is \$45.00 for City residents and \$50 for non-City residents for Sessions 1, 3, and 4. Session 2-Georgia Games\* will cost \$50.00 for City residents and \$55.00 for non-City residents. Lunches are provided by the Summer Lunch Program.

To register for any one of the above sessions, stop by the Paulson Softball Complex between 9:30 and 5:30 Monday through Friday. Space is limited so be prepared to pay fee at registration.

**FOR MORE INFORMATION, CONTACT  
BETTY BURNS, CAMP DIRECTOR, AT  
(912) 351-3852  
Fax (912) 525-1614**

- \*\*Children must be 5 years old to participate in this program. A copy of your child's birth certificate must be turned in when child is registered for camp.
- All persons are invited to participate in all programs and use all facilities of the City of Savannah Parks & Recreation Services Department regardless of race, color, sex, national origin or handicapped condition.



## PARENT'S CONSENT FORM

SPORT: Cheerleading Camp

SESSION: 1, 2, 3, 4 (circle one)

Dear Parent:

Your child, \_\_\_\_\_ has elected to participate in the **Summer Cheerleading Sports Camp** which is a City of Savannah sponsored activity. Please be advised that the City, its agents, coaches, and employees accept no liability or responsibility for injuries, loss or damages sustained by your child while participating in this program.

By execution of this consent form, you consent to your child's participation under the terms described above and under the rules and regulations under which this program is operated.

\_\_\_\_\_  
(Date completed)

\_\_\_\_\_  
(Parent's Signature)

PARTICIPANT'S NAME \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SCHOOL: \_\_\_\_\_  
(Birth Certificate required)

PHONE NUMBERS: HOME # \_\_\_\_\_ WORK # \_\_\_\_\_

CELL # \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

T-SHIRT SIZE: Youth S M L OR Adult S M L XL

EMERGENCY CONTACT: \_\_\_\_\_ RELATIONSHIP TO CHILD: \_\_\_\_\_

PHONE NUMBERS: HOME #: \_\_\_\_\_ WORK # \_\_\_\_\_ CELL# \_\_\_\_\_

Please return to:

City of Savannah  
Attn: Betty Burns  
Paulson Softball Complex  
P. O. Box 1027  
Savannah, GA 31402

Make checks payable to:  
City of Savannah-Athletics

- DOES YOUR CHILD HAVE A MEDICAL CONDITION THAT WE NEED TO KNOW ABOUT?  
YES NO IF YES, PLEASE INDICATE CONDITION. \_\_\_\_\_
- **Special Needs Child (Circle one)** Yes No If yes, contact Betty Burns at 351-3852 or email at [Betty\\_Burns@savannahga.gov](mailto:Betty_Burns@savannahga.gov).

REFERRED BY: \_\_\_\_\_

Cost: Session 1, 3, 4: \$45/child-City Residents; \$50/child-Non-Residents;  
Sessions 2 (Georgia Games): \$50/child-City Residents; \$55/child-Non-Residents  
Session dates: June 15-18, June 22-25, July 6-9, and July 13-16

P.O. BOX 1027, SAVANNAH, GA 31402

PHONE 912.351.3852 TDD 912.651.6702 FAX 912.351.3856 SAVANNAHGA.GOV



Dear Parents,

Please read the following codes of conduct to your Cheerleading Camp Participants. After reading the code of conduct, please sign and return agreement to the Cheerleading Camp Director.

Parents should be held to a standard of behavior that provides a positive environment for their child's sports experience. Parents pledge to be good spectators; to assess the philosophy of the coach and league to make sure it matches the child's needs; to understand that all children are gifted but not in equal ways; to provide unconditional support; and to pay attention to see if their child is having fun, learning and improving – as opposed to just winning.

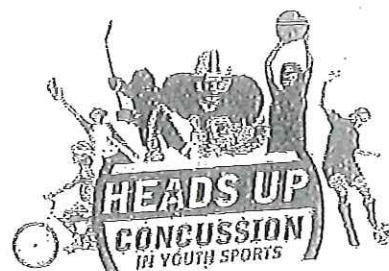
### PARENT'S CODE OF ETHICS

- I hereby pledge to provide positive support, care, and encouragement for my child participating in youth sports by following this Parents' Code of Ethics Pledge.
- I will encourage good sportsmanship by demonstrating positive support for all players, coaches, and officials at every game, practice or other youth sports event.
- I will place the emotional and physical well-being of my child ahead of a personal desire to win.
- I will insist that my child play in a safe and healthy environment.
- I will support coaches and officials working with my child, in order to encourage a positive and enjoyable experience for all.
- I will demand a sports environment for my child that is free of drugs, tobacco, alcohol, and will refrain from their use at all youth sports events.
- I will remember that the game is for youth and not for adults.
- I will do my very best to make youth sports fun for my child.
- I will ask my child to treat other players, coaches, fans, and officials with respect regardless of race, sex, creed or ability.
- I promise to help my child enjoy the youth sports experience by doing whatever I can, such as, being a respectable fan, assisting with coaching or providing transportation.
- I will require that my child's coach have the knowledge and responsibility needed to be a positive youth sports coach.
- I will refrain from any kind of obscene or demeaning language.
- I will refrain from arguing with umpires, tournament officials, players and other fans at any time.
- I will remain in designated spectator areas at all times.

If you choose not to respect this code of ethics, you can expect the following:

1. Verbal warning.
2. Ejection from the game and/or facility for one or multiple games.

Parent Signature \_\_\_\_\_ Date: \_\_\_\_\_



# Parent/Athlete Concussion Information Sheet

A concussion is a type of traumatic brain injury that changes the way the brain normally works. A concussion is caused by bump, blow, or jolt to the head or body that causes the head and brain to move rapidly back and forth. Even a "ding," "getting your bell rung," or what seems to be a mild bump or blow to the head can be serious.

## WHAT ARE THE SIGNS AND SYMPTOMS OF CONCUSSION?

Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury.

If an athlete reports *one or more* symptoms of concussion listed below after a bump, blow, or jolt to

### Did You Know?

- Most concussions occur *without* loss of consciousness.
- Athletes who have, at any point in their lives, had a concussion have an increased risk for another concussion.
- Young children and teens are more likely to get a concussion and take longer to recover than adults.

the head or body, s/he should be kept out of play the day of the injury and until a health care professional, experienced in evaluating for concussion, says s/he is symptom-free and it's OK to return to play.

SIGNS OBSERVED BY COACHING STAFF	SYMPTOMS REPORTED BY ATHLETES
<p>Appears dazed or stunned</p> <p>Is confused about assignment or position</p> <p>Forgets an instruction</p> <p>Is unsure of game, score, or opponent</p> <p>Moves clumsily</p> <p>Answers questions slowly</p> <p>Loses consciousness (<i>even briefly</i>)</p> <p>Shows mood, behavior, or personality changes</p> <p>Can't recall events <i>prior</i> to hit or fall</p> <p>Can't recall events <i>after</i> hit or fall</p>	<p>Headache or "pressure" in head</p> <p>Nausea or vomiting</p> <p>Balance problems or dizziness</p> <p>Double or blurry vision</p> <p>Sensitivity to light</p> <p>Sensitivity to noise</p> <p>Feeling sluggish, hazy, foggy, or groggy</p> <p>Concentration or memory problems</p> <p>Confusion</p> <p>Just not "feeling right" or "feeling down"</p>



## CONCUSSION DANGER SIGNS

In rare cases, a dangerous blood clot may form on the brain in a person with a concussion and crowd the brain against the skull. An athlete should receive immediate medical attention if after a bump, blow, or jolt to the head or body s/he exhibits any of the following danger signs:

- One pupil larger than the other
- Is drowsy or cannot be awakened
- A headache that not only does not diminish, but gets worse
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Cannot recognize people or places
- Becomes increasingly confused, restless, or agitated
- Has unusual behavior
- Loses consciousness (*even a brief loss of consciousness should be taken seriously*)

## WHY SHOULD AN ATHLETE REPORT THEIR SYMPTOMS?

If an athlete has a concussion, his/her brain needs time to heal. While an athlete's brain is still healing, s/he is much more likely to have another concussion. Repeat concussions can increase the time it takes to recover. In rare cases, repeat concussions in young athletes can result in brain swelling or permanent damage to their brain. *They can even be fatal.*

### *Remember*

Concussions affect people differently. While most athletes with a concussion recover quickly and fully, some will have symptoms that last for days, or even weeks. A more serious concussion can last for months or longer.

## WHAT SHOULD YOU DO IF YOU THINK YOUR ATHLETE HAS A CONCUSSION?

If you suspect that an athlete has a concussion, remove the athlete from play and seek medical attention. Do not try to judge the severity of the injury yourself. Keep the athlete out of play the day of the injury and until a health care professional, experienced in evaluating for concussion, says s/he is symptom-free and it's OK to return to play.

Rest is key to helping an athlete recover from a concussion. Exercising or activities that involve a lot of concentration, such as studying, working on the computer, or playing video games, may cause concussion symptoms to reappear or get worse.

After a concussion, returning to sports and school is a gradual process that should be carefully managed and monitored by a health care professional.

It's better to miss one game than the whole season. For more information on concussions, visit: [www.cdc.gov/Concussion](http://www.cdc.gov/Concussion).

\_\_\_\_\_  
Student-Athlete Name Printed

\_\_\_\_\_  
Student-Athlete Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Legal Guardian Printed

\_\_\_\_\_  
Parent or Legal Guardian Signature

\_\_\_\_\_  
Date